MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038999

DO NOT WRITE ON THIS STUB — AMENDED

Registration District No. 042 — Primary Registration District No. 1000 — Registrar's No. 1213 — STATE FILE NUMBER

FILED OCT 16 1963

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	5117		
2	5117		
3			
4	1		
5	2		
6			
7	0		
8	2		
9	4200		
10			
11			
12	73-0		
13	10		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
   a. COUNTY: Buchanan
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
   Length of stay in 1b: 6 years
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital #2. — Inside Limits: Yes XX No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo. — b. COUNTY: Buchanan
   c. CITY OR TOWN: St. Joseph — Inside Limits: Yes XX No ☐
   d. STREET ADDRESS (If outside, give location): 1502 Buchanan Ave. — Reside on Farm: Yes ☐ No XX

3. NAME OF DECEASED (Type or print): First Mae — Middle Ellen — Last Grimes

4. DATE OF DEATH: Month 10 — Day 15 — Year 1963

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed XX Divorced ☐

8. DATE OF BIRTH: 2/7/1889

9. AGE (last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: -----

11. BIRTHPLACE (City and state or country): Dekalb, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: William Fisher

13b. MOTHER'S MAIDEN NAME: Mary Moreland

14. NAME OF HUSBAND OR WIFE: Widow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — If yes, give war or dates of servi

16. SOCIAL SECURITY NO.:

17. INFORMANT: Records State Hospital #2. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary Insufficiency 4201	over 6 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease 4200	over 6 mo.
DUE TO (c)	Broncho-Pneumonia 491	24 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO XX

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from June 1, 1961 to 10/15/63 and last saw her him alive on 10/14/63
Death occurred at 2:50A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Smith, M.D. — Clayton Smith — MD

22b. ADDRESS: State Hospital #2

22c. DATE SIGNED: 10/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial

23b. DATE: 10/15/63

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State): Maysville Missouri

24. FUNERAL DIRECTOR: Tilcher Funeral Home — ADDRESS: Maysville, Mo.

25. DATE RECD. BY LOCAL REG.: Oct. 15, 1963

26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

Permit expires 10-13-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Charles E Bennett

Licensed Embalmer No. 4677

P. O. Address St Joseph Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.